FISCAL UPDATE Article

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PALLIATIVE CARE AWARENESS REPORT

Required Report. In the FY 2018 Health and Human Services Appropriations Act (2017 lowa Acts, chapter <u>174</u>), the General Assembly directed the Patient-Centered Health Advisory Committee to review the current level of public awareness regarding the availability of palliative care services in the State, and to submit a report of findings and recommendations to increase public awareness and reduce barriers to accessing palliative care services. The <u>Palliative Care Awareness in Iowa Report</u> was submitted on November 30, 2017.

Report Findings. The report defines palliative care as specialized medical care for people living with a serious illness that focuses on managing the symptoms of that illness. Palliative care programs also provide an extra layer of support for practical needs, with a goal to improve the quality of life for both the patient and family. The report noted a <u>study</u> published in 2011 in *Health Affairs* that found hospital-based palliative care teams created efficiencies that delivered cost savings.

The Advisory Committee also surveyed nearly 600 lowans, representing health care and social services providers and professionals, consumers, family members, caretakers, and the general public, on their awareness of palliative care. The survey found many people had heard of palliative care, but would not know where to go for access to this care. The survey also found there is some confusion related to the differences between palliative care (appropriate at any time for symptom management and quality of life) and hospice care (generally associated with end-of-life disease stages).

The report included 18 recommendations aimed at long-term goals with multiple components. The recommendations fell into the following categories:

- Continuation of palliative care work.
- Education and awareness.
- Surveillance and assessment.
- Best practices and research.
- Reimbursement.
- Workforce development.
- Utilization of advanced care planning.

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